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ABSTRACT

This document is comprised of summaries of six papers presented at a symposium on the Safe Schools/Healthy Students Initiative, a federal grant to school districts intended to promote health and safety in schools and communities. The Initiative was designed to confront school violence, safety, and mental health needs through the provision of a broad array of prevention and intervention services. The papers illustrate the nature of school based interventions and corresponding evaluation efforts. They provide evidence of the effectiveness of the interventions in the local setting with implications for the transportability of the programs to other schools. Following a symposium introduction, by Oliver T. Massey, the included papers are: (1) "The Impact of Coordinated Community Mental Health Services: Safe Schools/Healthy Students" (Sharon Telleen and others); (2) "Results of a Longitudinal School-Based Intervention Study" (Michael Boroughs and others); (3) "Student Perceptions of School Safety in the Omnibus Survey" (Kelli S. Henson and others); (4) "Safety in Schools: Staff Perceptions" (Gina Santoro and others); (5) "Understanding School Safety: A Qualitative Inquiry" (Angela Perry and others); and (6) "Evaluation Activities at a Summer Camp for Youth Experiencing Homelessness" (Laura A. Nabors and Heather D. Lehmkuhl). A summary of the symposium discussion (by Kathleen H. Armstrong) completes the document. (Individual papers contain references.) (DB)

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Evaluating Program Effectiveness in the Safe Schools Healthy Students Initiative

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Symposium

Evaluating Program Effectiveness in the Safe Schools Healthy Students Initiative

Chair
Oliver T. Massey

Discussant
Kathleen Armstrong

Authors
Sharon Telleen et al.
Michael Boroughs et al.
Kelli S. Henson et al.
Gina Santoro et al.
Angela Perry et al.

Symposium Introduction

Oliver T. Massey

The Safe Schools/Healthy Students Initiative (SS/HSI) is a federal grant to school districts intended to promote health and safety in schools and communities. The Initiative is an ambitious attempt to address the increased recognition of violence and threats to the safety and welfare of students in our nation's schools. The Initiative was designed to confront school violence, safety and mental health needs through the provision of a broad array of prevention and intervention services. While partly predicated by the tragedies of Columbine and other violent school incidents, the far more common and perhaps mundane concerns of bullying, teasing, and respect for authority also drove major programmatic elements of the grant.

The programs that emerged from this grant initiative incorporated unique local solutions to vexing problems confronting schools. Service elements included prevention, direct interventions, and educational efforts. Services were to be provided by the school district, community service agencies, police and sheriff's departments, and other elements of the public service system. In all cases, programs selected for implementation were to be of proven effectiveness or identified as promising but of not yet established utility. The combinations of service arrays eventually implemented around the nation proved to be as unique as the individual demographics and needs of the schools they served.

An additional outstanding feature of the Initiative was the mandatory set aside of a minimum of five percent of the budget for evaluation of grant activities. The evaluation was to provide both formative feedback to community stakeholders, an evaluation of the outcomes of local programs, and contribute to the national evaluation of the Safe Schools effort. Thus, from the evaluator's perspective, the Initiative required the integration of multiple evaluation perspectives in addressing a broad array of policy, prevention, and intervention efforts with varying ties to traditional school district activities.

The presentations included in this symposium illustrate the nature of school based interventions and corresponding evaluation efforts. The presentations include evidence of the unique approaches used to engage service providers, implement programs, and accomplish evaluation activities. The papers also provide evidence of the effectiveness of the interventions in the local setting with implications for the transportability of the programs to other schools. These efforts demonstrate not only the importance of mental health services in schools, but also evaluation techniques that can be used to establish the value of services for our students.

In summary, the Safe Schools/Healthy Students Initiative brought together a wide range of school and community based partners for the provision of services aimed at youth violence, mental health, and safety in schools. The challenge in each site was to identify and develop a cogent plan of services and evaluation that took into account the interests, experience and cooperation of school and community program teams given the resources and unique opportunities that existed in the school district. Activities should integrate evaluation into a coherent plan that captures activities of the school district, demonstrates fulfillment of grant obligations, and documents the effectiveness of individual programs. The success of these efforts is well demonstrated in the papers that follow.

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The Impact of Coordinated Community Mental Health Services: Safe Schools/Healthy Students

Sharon Telleen, Young O. Rhee Kim, Helen Stewart-Nava, & Susan Maher

Introduction

Provision of community mental health services for children with violent, aggressive behavior is one of the six elements of the Safe Schools/Healthy Students Initiative, funded by the National Institute of Mental Health, US Department of Education and US Department of Justice. Using a community-based intervention in the system of care (Duchnowski, Kutash, & Friedman, 2002) and a collaborative action research framework (Jensen, Hoagwood, & Trickett, 1999; Telleen & Scott, 2001), the Safe Schools/Healthy Students site in Illinois serves the two high schools comprising the J. Sterling Morton High School District 201 and its 26 feeder schools. These school districts serve several suburbs directly west of the city of Chicago, including Cicero, Berwyn, Lyons and Stickney. Of these, Cicero is the largest community, and is comprised primarily of recently immigrated Mexicans. Berwyn, while more diverse, is experiencing rapid growth of its Latino population, especially among school age children.

Method

Referral

The Morton area Safe Schools/Healthy Students Initiative provides funding for each elementary, middle, and high school to refer two students for community-based intensive case management services. Services are delivered by professionals holding a master's degree in social work. Five case managers maintain a case load of 12 families each. To be eligible for the program, a student has to be determined to be at risk for aggressive and/or violent behaviors by the school social worker or other school mental health professionals. Additionally, only students not already receiving services are eligible.

In the first nine months of the program, 49 students were referred for intensive case management and an additional 11 students were referred for less intensive services. Of the 49 students who were referred for intensive case management, 44 students were still receiving services three months later. Of those, 28 students have been receiving services for six months. After 18 months of program operation, 117 students and their families had received services.

Most children referred for services are in grades 2-3, grades 6-8, or in their freshman year of high school. (See Table 1.) Thirty-eight percent of the students are female and 75% of all referrals are from Latino families. English and Spanish is spoken in 27% of the homes; 38% of families speak English only, and 35% only speak Spanish in the home. Most children live with both parents (40%) or with the mother only (43%); the rest live with their father, a relative or a guardian.

The children served by Safe Schools/Healthy Students wraparound case management program attend school regularly. However, most of the children are doing poorly in school—only 22% perform at average for their grade level. Twenty-seven percent of the students have been placed in special education classes.

Each child referred faces multiple risk factors for poor outcomes. The most frequent risk factors are academic problems (62%), social isolation of the child (52%), social isolation of the family (35%), family violence (40%), drug abuse (32%), alcohol abuse (25%) and unemployed parent(s) (40%).

Assessment

Counseling with the child involved evaluating the child at intake using the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1994) to assess impairment by determining the negative effect of problem behaviors and symptoms on child functioning. The CAFAS subscales assess the child's role performance in school, at home and in the community; behavior toward others; moods and self-harmful

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Table 1
Demographic Characteristics of Youth and Family (*N*=117)

Variables	*Percentage*
Place of First Contact	
Family's Home	70.0
School	15.4
Phone	6.0
Office	7.7
Child Grade	
Early childhood – Grade1	8.8
2-3 grade	23.1
4-5 grade	14.9
6-8 grade	22.5
9-12 grade	15.8
Child Gender	
Female	38.3
Male	61.7
Child Ethnicity	
Caucasian	28.2
Hispanic	71.8
Language Used by Child	
Spanish	12.3
English	46.5
Bilingual (Spanish & English)	41.2
Current Educational Placement	
Alternative school	4.3
Regular class	62.1
Special education	26.7
Drop out	2.6
Not in school (e.g., graduate or others)	4.3
Language Used by Primary Caregiver	
Spanish	35.0
English	37.6
Bilingual (Spanish & English)	27.4
Marital Status of Primary Caregiver	
Never Married	14.3
Married	41.1
Separated	12.5
Divorced	22.3
Widowed	2.7
Live-in Partner	7.1
Annual Family Income	
Less than $5,000	9.9
$5,000-9,999	17.1
$10,000-$14,999	19.8
$15,000-$24,999	21.6
$25,000-$34,999	18.0
$35,000-$49,999	9.0
$50,000-$74,000	3.6
$75,000-$99,999	.9

behavior; substance abuse; thinking and cognition. CAFAS also assesses the caregiver by determining the family's material needs, level of social support, and family composition. Based on the assessment, a family wraparound plan is developed which determines the case management and referral plan.

Case Management

Using the case management time, activity, and referral log developed by Telleen (1999), case managers record the referrals made for each child and the time spent in various aspects of case management. This provides for the measurement of the intensity of the intervention and of each component of wraparound case management.

One goal of case management is to stabilize the families so that they can benefit more effectively from mental health counseling for the child. This involves helping the family find livable, affordable housing and transportation to appointments; access to food pantries, Women, Infants and Children (WIC) and other food programs; and to receive employment counseling and services for the parent. Family counseling is also provided, which helps parents develop coping strategies in the areas of parenting and life skills. In an effort to stabilize the families, case managers access a total of over 25 different services. This necessitates an enormous commitment on the part of the case managers, and includes locating appropriate resources for families, following up to ensure that the families receive the services, and maintaining contact with the individuals and agencies providing services to the family. This wraparound case management approach is based on programs described by Evans and Armstrong (2002) and Burchard, Burns and Burchard (2002).

Results

The longitudinal effects of the wraparound case management intervention were assessed by comparing the child's functioning (as measured by CAFAS) at intake, three months and six months. Using a paired *t*-test analysis, results indicated that there was significant improvement in the overall functioning of the child for those families who remained with the wraparound case management for six months, t (43) = 2.86, p = .007. This significant improvement in child functioning occurred in the areas of school functioning, t (42) =2.87, p = .006) and mood/emotions, t (38) = 2.89, p = .006.

The intensity of the wraparound case management effort was measured using the Telleen case management information system developed for this project and based on previous work by Telleen (1999). The case managers completed a daily activity log indicating each client seen and the time spent on each activity. Over the first ten months of the intervention, the case managers spent time assessing the child's emotional well-being and functioning, assessing the family's area(s) of need, and developing the wraparound plan. After intensive assessment of the family's situation, the case managers spent as much time counseling the family as a whole as they do counseling individual family members. Though most of the case manager's direct service time was spent in counseling (62%), the second largest amount of time (38%) was spent in collateral contact with others in the child's life (e.g., the child's teacher) on behalf of the child or the family, and in contact with family members other than the child or caregiver.

The most prevalent referral activities included visiting the provider with the client and making calls to the referral agencies and providers. Follow up with both the client/family and the provider were also conducted by the case managers. Eleven percent of the case managers' time was spent in staffing and consultation about the case and direct supervision regarding the case. These activities all necessitated a tremendous amount of travel for the case manager. Family counseling was intended to help parents develop coping strategies in the areas of parenting and life skills.

Once the child and family leave the wraparound case management of the Safe Schools/Healthy Students Initiative, it is hoped that the family will remain connected to the services to which they have been referred. We will contact these families again at 12 months follow up.

Discussion

The model of coordination among the five community mental health agencies, as well as the coordination of the mental health agencies with school social workers and school psychologists, positively affects the retention of families in the service delivery system. In addition, this model of coordination positively affects the child's academic and school functioning as well as social and emotional functioning. Other studies have found that parenting behaviors and attitudes are significantly improved with the presence of social support, similar to the types of support offered through wraparound case management (Andresen & Telleen, 1992). The wraparound case management approach within this Safe Schools/Healthy Students Initiative has had the effect of connecting schools, families and communities in providing mental health services for children at risk of poor outcomes. (Taylor & Adelman, 2000; Zins, 1997).

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Results of a Longitudinal School-Based Intervention Study

Michael Boroughs, Oliver T. Massey, Kathleen H. Armstrong

Introduction

In recent years, violence in the nation's schools has become a central concern to society. Media reports imply that this is a growing problem that must be addressed. One strategy to combat youth violence in schools is intervention via programs to curb violence, reduce substance use and increase safety.

The Safe Schools/Healthy Students Initiative (SS/HSI) is a U.S. government grant awarded to local school districts to fund programs to improve school safety. Pinellas is one of four districts in the state of Florida to receive a three-year grant from the SS/HSI. Pinellas County has approximately one million residents and a large urban school district with about 111,000 students. Part of the Initiative includes an evaluation to measure and report the success or shortcomings of the programs funded by the grant. Our role as evaluators is to collaborate with the district, and community agencies that provide services, in an effort to collect data using multiple methodologies to report an accurate reflection of the grant funded activities.

One source of data includes referral records that were provided by the district. Each occurrence of inappropriate student behavior is collected and organized into a large annual database of individual student's referral histories. Behavioral categories range from *not severe* (e.g., tardiness) to *severe* (e.g., battery on a student). While only a minority of students are represented in these files, a disproportionate number (i.e., the vast majority of total referrals) are categorized as *not severe* and *non-violent.*

Data have been collected for four years, or eight semesters, and will be analyzed to highlight differences in student behavior. While two years of data were collected prior to the beginning of the SS/HSI grant (during 1998 and 1999), data from years 2000 and 2001 were collected during the first two years of the grant.

Although there are over 36 different disciplinary referral categories used in this school district, we organized the data to be analyzed into two critical clusters: (a) the policy-related or manadatory suspension catergory, and (b) the violent referrals category, in order to provide a precise glimpse of the more severe disciplinary problems in this school system. The policy group included referral data for disciplinary offenses that result in a mandatory suspension from school (i.e., zero tolerance policy). Examples of referrals in this category include substance abuse or use or possession of a weapon in school. The violence group included referral data for acts such as fighting, sexual harassment or threats and intimidation.

Data on referral histories for policy and violent behavior resulting in disciplinary referrals were analyzed. This article presents general trend analyses of disciplinary referrals and discusses these trends in relation to the SS/HS Initiative. Five targeted interventions that have been implemented in Pinellas County schools will also be discussed. These programs cover interventions ranging from an elementary school program supporting parental involvement in the learning process to a high school program that offers an alternative to out-of-school suspension.

Method

Participants

This study used secondary data analysis. Using the 2000 school year as an example, 109,628 students were enrolled in the district during this period with 42,615 students having at least one referral. A total of 180,912 referrals were reported in the district during this school year (see Table 1). As the data demonstrate, a small percentage of students generate a high number of referrals. That is, they are repeat offenders with multiple referrals.

Analysis

The most pressing issues are those related to violence and policy referrals and therefore, these categories were the focus of our analyses. Comparative percentages and descriptive statistics were used to highlight the data. Data analyses were also conducted on the five targeted programs.

Results

Analyses of the data over a four year period revealed several trends. For instance, contrary to the perception of increased violence and substance use in the schools as reported by media, referrals were found to be on the decline in this district. During the 1998 school year, a total of 182, 488 referrals were reported. For 1999, this increased to 186, 717 and then began a downward trend to 180, 912 in 2000 and 159, 339 in 2001. There was a corresponding trend found in aggregegated referrals (i.e., unduplicated referrals) which is a measure of the total number of students who received at least one referral during a given school year. In 1998, unduplicated referrals were 50, 478; this increased to 58, 862 in 1999 and then decreased to 48, 828 in 2000 and 47, 914 in 2001 (see Table 1.).

Only a small percentage of theses referrals were either violent or policy-related referrals. Therefore, while most students in Pinellas County never receive a disciplinary referral, other students receive many. In fact, the *classroom behavior* and *campus/school rules* categories account for over 85% of the total referrals in each of the four years analyzed. With *bus misconduct* added to the mix, these three less severe categories account for over 92% of total referrals. Thus, less than 8% of referrals in the district included *harm to the self or others, carrying a weapon* or *using or possessing an illegal substance* over the four year period. Although these results do not suggest that violence and substance abuse are negligible, they certainly negate the public perception that violence and policy referrals are in the majority, or even a large minority, of referrals.

Delving further into violence and policy referrals, we examined what had taken place over the four-year period of the longitudinal study. When highlighting violence and policy referrals only, some

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interesting trends were discovered during the period beginning in the fall of 1997 and ending in the spring of 2001.

The percentages of total referrals for the two severe categories are as follows. In 1998, policy referrals represented 1.4% of all referrals, followed by 1.3%, 1.4% and 1.2% in 1999, 2000 and 2001, respectively. Likewise, in 1998 violence referrals accounted for 5.5% of all referrals, followed by 5.6% in 1999, 5.3% in 2000, and 6.1% in 2001. In practical terms, there was no change over the four-year period. However, it is too early to make any inferential statements from the results presented. Furthermore, under 6% of the total referrals over four years were violence related, while under 2% were policy related. These two severe categories account for just 8% or less of the total number of referrals.

During the observed period, referrals for tobacco use decreased by almost one fourth (24.7%) while alcohol and weapon referrals remained essentially unchanged. Conversely, drug use rose over the four-year period. From 1998 to 2001, drugs referrals increased from about 17% to about 38%. According to information obtained from the Safe and Drug Free Schools report (2000), most of this increase is accounted for by the use of *club drugs* (e.g., Ecstasy, MDMA, etc.) or steroid use by males.

With regard to referrals in the violence category, fighting decreased by over 10%, with an in-kind increase in threats and intimidation. The battery category showed a slight decrease over the four years, while sexual harassment increased slightly; however, these changes were not statistically significant.

What is uncategorically the most striking finding in our analyses was the association of school type with the percentage of violent referrals. Middle schools had the lowest population of students of all non-special schools and yet showed the highest referral rate for violence. In order to examine all violent referrals by school type, we took the total number of violent referrals in the district over the longitudinal period and broke down just these violent referrals by the type of school. The population of middle schools (25,654) is less than half that of high schools (51,053) and yet the percentage of violent referrals is more than double across all four years. Table 1 illustrates these findings, with the population estimates for each of the four school types and the percentage of the total number of violent referrals across the four-year period.

Table 1
Violence and Policy Referrals by School Type

	1998	*1999*	*2000*	*2001*
Elementary Schools Population approx. 51,053	20.0%	21.8%	20.8%	18.6%
Middle Schools Population approx. 25,654	58.6%	57.2%	53.8%	54.2%
High Schools Population approx. 30,789	13.3%	13.0%	16.0%	16.6%
Other Schools Population approx. 2,132	8.1%	7.9%	9.3%	10.6%
District Census	108,315	108,551	109,628	111,599
Unduplicated Referrals	50,478	58,862	48,828	47,914
Total Referrals	182,488	186,717	180,912	159,339

Targeted Programs

There were five targeted programs included in the evaluation: Families and Schools Together (FAST), Anger Management, Chill Out, Partnership and the On-Campus Intervention Program (OCIP). At the elementary level, FAST is a program that supports parents and families with school involvement, while partnership is a mental health services program for younger children. At the middle school level, Chill Out provides an antiviolence and substance abuse reduction curriculum. At

the high school level, Anger Management provides an antiviolence curriculum; OCIP, an alternative to typical in- and out-of-school suspension, was available to middle and high school students.

When examining the trend data, there are a few important points to keep in mind. First, the grant-funded activities began in the spring of 2000. Therefore, when analyzing these trends, one indicator of success of the program is a decrease in average referrals from the 2000 to 2001 school years. With that criterion, the anger management and OCIP programs succeeded in the reduction of referrals, while the other programs had no significant increases (see Table 2).

Second, because information was made available by Pinellas Schools for the 1998 and 1999 school years, evaluators decided to use this information to augment the trend analysis for the two years prior to the grant's inception. While in the case of the elementary school programs (FAST and Partnership) and the middle school program (Chill Out), the prior years data are easily interpretable; however this is not the case for the high school programs (Anger Management and OCIP). As seen in Table 2, the trend for these high school programs spikes up and then drops. While it would be wonderful to attribute this finding to program effectiveness, it is highly unlikely. The most reasonable explanation of the spike would be error in data reporting that has something to do with high school level referrals. However, it is important to note in the case of OCIP that there is still a downward trend even if 2000 figures were not included. That is, without the spike, OCIP participant referrals still dropped over time. Anger management on the other hand returned back to the 1999 average in 2001 after the spike.

Table 2
Longitudinal Average Referrals by Targeted Program

	1998	*1999*	*2000*	*2001*
Anger Management	5.7	4.9	12.1	4.9
Chill Out	0.88	2.2	4.3	5.2
FAST	0.3	0.2	0.6	1.6
OCIP	7.2	7.4	11.6	5.4
Partnership	0.3	0.6	0.4	1.9

Discussion

The information presented in this longitudinal study is tentative because the grant period has not yet expired. Only after all of the data are submitted for analysis, including the 2002 and 2003 school years, will we have a clearer picture about what effect these intervention programs may have had on trends in disciplinary referrals. A goal for the school district is to both reduce the total number of referrals while also reducing the severity of referral types. We have demonstrated, at least initially, that this trend is already underway. Total referrals are down while the district census is up, and violent referrals remain steady despite increases in the student population.

Data on referrals show a global outcome, in that they do not tell us how or why behaviors increase or decrease; all these data tell us are whether behaviors changed. Therefore, while no concrete explanations can be drawn from these analyses, the data contribute to a better understanding of the evaluation process and provide insight into possible future trends in student behavior.

Results show that while violence does occur in Pinellas County schools, the frequency of violence appears to be much lower than perceived by the general population. The benefactors of this information include parents, especially those with children in the schools; the district, particularly administration and professionals who are given an accurate report of what indeed takes place; and communities, researchers, and evaluators.

When these referral categories for violence were analyzed, it was found that shifts in referral frequencies had occurred. Within the violent category, both battery and sexual harassment remained steady while fighting decreased and threats and intimidation increased. Certainly the goal is to

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eliminate these behaviors altogether, but it is a positive step that some physical violence is reduced in lieu of threats.

Within the policy category, alcohol and weapons remain constant over the four-year span with only negligible increases in these categories. Conversely, a great shift was present with a large reduction in the use of tobacco, while the use of other drugs almost doubled. Trends in this category may be due to the institution of zero tolerance policies, or the fact that data on drug use increases are clustered, in particular, around the use of club drugs such as ecstasy (MDMA) and steroid use in males.

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Student Perceptions of School Safety in the Omnibus Survey

Kelli S. Henson, Kathleen H. Armstrong, Oliver T. Massey

Background

In 1989, Pinellas County School District began the Omnibus project in order to collect data following a cohort of students from kindergarten until they graduated from high school. The project began with 8,268 children when they registered for kindergarten in 1989. Survey information was collected about the students from parents each year from 1990 to 1998, except for 1996 and from teachers each year from 1990 until 1996. Students filled out the Omnibus surveys beginning in 1992, from 1994 to 1999, and in 2001. A Pinellas County Schools committee determined survey questions each year. Information obtained from Omnibus surveys has been used for several purposes including early identification of educational failure, tracking high-risk student progress, nutrition and school performance, and child health practices.

For the 2001 Survey, The Pinellas County Safe Schools, Healthy Students Initiative (SS/HSI) evaluation team submitted additional questions about student perceptions of school safety to the Omnibus committee for addition to the survey. These questions compliment items on the School Safety Survey (Massey, Armstrong, & Santoro, 2001) developed by the SS/HSI evaluation team to examine school staff perceptions of school safety.

Three sections of school safety questions were added to the 2001 Omnibus (Pinellas County Schools, 2001). In section one, students reported the frequency with which they witnessed or experienced violent or aggressive events in school. Students were asked to record how often they witnessed or experienced 11 items on a five-point scale from 1 (*never*) to 5 (*daily*). Section one included items such as *verbal threats in school* and *students bringing weapons to school.* In section two, students were asked to rate the effectiveness of violence prevention strategies in their schools. Students rated 13 strategies on a five-point scale from 1 (*very effective*) to 5 (*very ineffective*). For example, students were asked to rate the effectiveness of strategies including *suspending/expelling students who commit acts of violence* and *training teachers to resolve conflicts.* In section three, students were asked to rate their level of agreement with the application of school rules, such as *principals apply rules fairly* and *some students are getting away with too much.* Students rated their level of agreement with these items on a five-point scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*).

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Methodology

Participants

The 2,413 participants consisted of 1,238 females and 1,158 males who attended fifteen Pinellas County high schools. Seventy-seven percent of the participants were White, 14 % were Black, 4 % Hispanic, 4 % Asian, and American Indian and multi-ethnic participants comprised the remaining percent. Eighty-six percent of participants were eleventh grade students, while tenth grade students (students who had repeated one grade) made up 12.5% of the sample. Less than 1% of participants were in the ninth or twelfth grades.

Procedure

All eleventh grade students were given surveys to fill out during school hours. Surveys were also distributed to students in the original cohort who had either been retained or advanced a grade since beginning kindergarten. Their participation in the study was voluntary; participants were assured that the information provided was confidential and would be reported as group data with no identifying individual information.

Results

Section 1: Witnessed or experienced violent or aggressive events in school

In section one, students reported the frequency with which they witnessed or experienced events in school (Table 1). Bullying and teasing were reported most often with over 40% of students witnessing or experiencing teasing or bullying on a daily basis. Verbal threats were experienced or witnessed at least once per week by 39.5% of students. Additionally, more than 35% of students experienced or witnessed discrimination at least once per week. Weapons and gang activity in school were reported with low frequency (Table 1). More than 60% of students reported never seeing or taking part in gang activity in school. More than 50% of students reported never bringing a weapon or seeing another student bring a weapon to school. In addition, 48% of students reported never seeing drugs sold in their school.

Table 1
Frequency of Witnessing or Experiencing Violent or Aggressive Acts

ITEMS	*% Never*	*% 1 or 2 times per year*	*% 1 or 2 times per month*	*% 1 or 2 times per week*	*% Daily*
Verbal threats in school	21.3	22.0	17.1	16.9	22.6
Physical violence in school	18.5	31.3	29.2	13.3	7.7
Students bringing weapons to school	57.1	30.9	6.4	1.6	3.9
Students using drugs or alcohol in school	29.9	22.6	16.4	11.7	19.4
Drugs being sold at school	48.0	19.9	13.1	9.1	9.9
Teasing or bullying in school	14.0	12.7	14.1	16.8	42.4
Gang activity in school	62.5	18.2	8.3	4.4	6.6
Personal property stolen or destroyed in school	19.9	31.5	23.4	13.5	11.8
Vandalism of school property	22.4	31.8	20.1	10.3	15.4
Discrimination at school	23.2	23.2	18.3	11.8	23.6
Violence in the community where your school is located	35.8	28.0	18.2	8.5	9.5

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A chi square analysis was used to identify the significance of association between two variables. For purposes of this analysis, students were split into two groups for each question in section one: (a) students who reported seeing or experiencing an item frequently (once a month or more), and (b) students who saw or experienced an item rarely or never (2 times a year or less).

A chi square analysis of those items and gender revealed that males reported seeing or experiencing acts of violence or aggression significantly more often than females reported (χ^2 = 24.756). For example, significantly more male students reported seeing or experiencing physical violence, weapons being brought to school, gang activity in school, and verbal threats in school than female students.

A chi square analysis of the items and ethnicity revealed that White students reported witnessing or experiencing acts of violence or aggression significantly more often than other students. In particular, White students reported witnessing or experiencing significantly higher numbers of verbal threats, incidents of teasing and bullying, and physically violent acts in school than other students (χ^2 = 25.032).

Section 2: Effectiveness of violence prevention strategies

These items were designed to assess student opinion of the effectiveness of school violence prevention strategies. Students reported that controlling guns in school (68.5%), having counselors to help students in school (53.3%), and keeping drugs out of school (52.4%) would be the most effective strategies to help keep their school safe. According to students, putting more security devices in schools and training students in conflict resolution and anger management are the least effective violence prevention strategies in schools.

Section 3: School discipline

In this section, students reported their level of agreement with school disciplinary measures in response to behaviors that disrupted safety at school. Answers were normally distributed with a nearly equal number of students agreeing and disagreeing with each item.

Students are expected to complete a final Omnibus survey in May 2002, the expected year of graduation for their cohort. The SS/HSI evaluation team has submitted additional items to Section 1: Witnessed or experienced violent or aggressive events in school. However, items that were included in Section 2: Effectiveness of violence prevention strategies, and 3: School discipline, will be replaced with items relating to resilience and protective factors in the school. In addition, the SS/HSI evaluation team plans to conduct focus groups with high school seniors during the 2001-2002 school year in order to find out more about their experiences of school violence and safety during their school years. These focus groups may be able to tease out more detailed information about what students think help to keep schools safe.

Conclusion

This paper presents results of a survey of high school students who have been followed since beginning kindergarten and were due to graduate in 2002. One of the most startling findings was that over 40% of students experienced or witnessed teasing or bullying on a daily basis. Controlling guns in schools, having more counselors to help students, and keeping drugs out of school were reported by over 50% of students as the most effective strategies helping to keep schools safe.

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Safety in Schools: Staff Perceptions

Gina Santoro, Kathleen H. Armstrong, & Oliver T. Massey

Introduction

There is a recent trend whereby youth are becoming increasingly involved as perpetrators and victims of violent crimes. Youth aged 18-24 comprise the highest rate of violent offenders and victims of violent crimes (Fox & Zawitz, 2000). Overall, the average age of both victims and offenders of violent crime has been declining since the late 1980s. Young people are three times more likely than adults to be victims of violence, and one-fourth of these victimizations involve the use of a firearm (Arredondo, et al., 1999). Although violent crime rates have decreased overall, crimes have become more intense when they do occur (Anderson, et al., 2001). Additionally, while single-victim events are decreasing, multi-victim events are increasing. As a result, when accounting for the increasing intensity of the multiple-victim events, the total homicide rate for students killed at school actually has increased in recent years. The proportion of school-based deaths involving multiple victims increased from 0% in 1992 to 42% in 1999 nationwide (Furlong & Morrison, 2000). Acts of targeted school-based violence are extremely rare, but when they occur, they hamper student development, reduce academic learning and harm the school's climate (Furlong & Morrison, 2000).

Studying the perceptions of school safety from those most intimately affected is one avenue for investigating the influence of school violence on school climate. This paper discusses the results from a survey intended to identify educators' perceptions of safety in a large urban school district, which had received federal funding from the Safe Schools/Healthy Students Initiative (SS/HSI). Implications from these findings may be useful to both educators and program evaluators. For educators, such descriptive information may be used as a needs assessment at the school and district level to identify areas of need in order to allocate resources for appropriate interventions. For program evaluators, this information can be used for accountability and tracking purposes in evaluating the efficacy of the interventions.

Method

In order to investigate staff perceptions of school safety, the School Safety Survey (Massey, Armstrong, & Santoro, 2000) rating scale was developed by the evaluation team and administered to staff members (e.g., teachers, counselors, administrators) in Pinellas County, Florida. The instrument includes 36 items that sample six factors associated with school safety: administrative effectiveness, student crime, child behavior problems, family involvement, teacher effectiveness, and school location. Respondents were asked to rate "How serious are these issues at your school?" using a multi-point scale ranging from 1 (*extreme problem)* to 5 (*not a problem*). Questions related to *administrative effectiveness* included items about effective leadership and disciplinary practices and procedures. *Student crime* included items about illegal activities at school, such as selling or using drugs and alcohol. *Child behavior problems* included items such as teasing and bullying of other students. *Family involvement* included items about disciplinary practices and school involvement. *Teacher effectiveness* included items regarding supervision of students in the classroom and classroom management practices. *School location* included items that inquired about the safety of the area surrounding the school.

Participants

Administrators from eight schools and the district counseling staff agreed to participate in the data collection efforts. Nine hundred instruments were distributed to staff at three high schools, three middle schools, two elementary schools, and the district counseling staff. Four hundred seventy-seven completed instruments were returned for a 53% response rate. Forty-three percent of the instruments were completed by high school staff, 27% by middle school staff, and 28% by elementary school staff. Sixty-two percent of the sample was made up of teachers, 26% were school counselors, 2.5% were administrators, and 6.5% held other positions within the school.

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Results

Concerns were examined separately for elementary, middle, and high schools. Insufficient parental involvement and support in addressing discipline were the main concerns at the elementary school level, with 49% of respondents rating it as a serious or extreme problem. Lack of alternatives to suspension and expulsion (36%), teasing among students (36%), ineffective disciplinary practices (33%), and verbal threats among students (33%) were other serious concerns for elementary school respondents. Middle school participants reported that teasing among students was their most serious concern, with 39% of respondents rating it as a serious or extreme problem. Other serious problems reported at the middle school level were bullying among students (34%), verbal threats among students (31%), and lack of alternatives to suspension and expulsion (28%). High school participants indicated insufficient parental support in addressing discipline problems as their greatest concern, with 39% of respondents reporting it as a serious or extreme problem. Other serious problems reported at the high school level included insufficient parental involvement in school (35%), inadequate supervision of students during class (32%), and teasing among students (29%).

Teasing among students emerged as a significant concern at all levels: elementary, middle, and high schools. Both high schools and elementary schools reported that reduced parental support created a serious concern. Elementary and middle schools agreed that administrative policies and practices were related to more serious problems at school, while decreased classroom supervision was problematic at high schools.

Conclusion

These data indicate that while there are some common concerns regarding the perception of safety at schools, there are also differences that also need to be addressed according to the level of the school and the age of the students. Insufficient adult involvement and supervision of child behaviors, whether parents, teachers, or administrators, was identified as compromising the sense of school safety at all levels. With respect to intervention planning, schools will need to carefully determine how to best promote parental involvement—a goal that will probably require more effort at different levels. For example, parents of younger children may become more easily involved than parents of middle school students. Problematic student behaviors, especially teasing and bullying, must be attended to at all school levels, and both victims and bullies must be taught acceptable social and problem solving skills early on and throughout school. Finally, alternative consequences for more serious misbehaviors must be developed, rather than the current and often ineffective practice of suspension and expulsion.

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Understanding School Safety: A Qualitative Inquiry

Angela Perry, Michael Boroughs, Kathleen H. Armstrong, & Oliver T. Massey

Violence in the schools is a very complex problem. Despite several *recent high-profile violent acts* in the schools, much of the violence in schools is not life-threatening and incidents have actually decreased over the past eight years (Elliot, 2001). Nevertheless, the public has been inundated with news of school violence in the media. School shootings perpetrated by classmates have gained an enormous amount of publicity. An Interim Report by the U.S. Secret Service and Department of Education (2000) stated that such publicity focuses on rare events and has resulted in increased fear among students, parents, and educators. While school shootings are serious, they are actually uncommon events and, in fact, schools are one of the safest places for students to be (Vossekuil, Reddy, Fein, Borum, & Modzeleski, 2000; U.S. Department of Education, 2000).

A myriad of programs have emerged in schools to prevent violence. In an effort to document the issues surrounding school safety, the Safe Schools/Healthy Students Initiative (SS/HSI) evaluation team conducted a series of focus groups with students, parents, and teachers in the Pinellas County schools. The goal of these focus groups was to gain an understanding of the experience of safety in the schools, from multiple perspectives. While national data show that schools are indeed safe places, our aim was to qualitatively measure how these groups felt about safety in their schools. Qualitative analyses of transcripts from these groups revealed some interesting findings that in some ways support, while in other ways contradict common perceptions about school violence and safety.

Method

Participants

Eight focus groups were conducted in Pinellas County over the 2000-2001 school year, and included a total of 70 participants who were placed in *student* (n = 37, including elementary and middle school students), *parent* (n = 21, including parents of elementary, middle and high school students), or *educator* (n = 12, including teachers from elementary schools) groups. Table 1 describes demographic characteristics of the participants. Participation was voluntary for all participants and responses were confidential.

Table 1
Demographic Characteristics of Focus Group Participants (N = 70)

Demographics	*Students (N=37)*	*Parents (N=21)*	*Educators (N=12)*
Age Range	9-15	NA	NA
Grade Range	3-8	NA	NA
Gender			
Male	25	NA	12
Female	12	NA	0
Race			
White	10	16	9
Black	3	4	2
Other	24	1	1

Procedure

Potential student participants were identified via faculty and staff referrals and parental consent was granted in advance for all students that participated in the study. Parents were recruited through the Student Advisory Council Teams (SAC) at two of the schools and all parents were given the opportunity to participate at a third school. Focus groups lasted 45 minutes for students and ranged from 1 to 1.5 hours for parents and teachers. The focus group data were recorded using two audio recording devices, then transcribed and finally coded and analyzed using Ethnograph software (Qualis Research, 1998).

Results

Student Responses

Notable differences emerged between elementary and middle school students with regard to feeling safe at school. Elementary students reported a fear of intrusion or danger from the outside. This fear varied based on the school structure (open versus closed campus) and safety drills (i.e., lockdown procedures for intruders on campus). While attending school, elementary students reported feeling relatively safe. However, they reported concerns about fighting and the use of profanity within the school. Their greatest fear related to threats from others outside of the school. Elementary students reported that they preferred being in school rather than at home because there were more activities in school. Middle school students, by contrast, worried more about threats from other students. Bullying and teasing were identified as major problems in the schools and contributed to violent outbreaks:

> *Like you don't know what they're gonna do and that's why a lot of shootings happen because a lot of people pick on other people and they just get sick and tired of it and fed up. And they don't know what to do to make it stop.* (Middle School Student)

Transitioning to the next level of schooling (from middle to high school) created anxiety according to our student participants. Worried about moving from middle school to high school, middle school students expressed the need to really "watch yourself" in order to stay safe. Further, middle school students worried about being shot or getting caught up in gang activity.

Both elementary and middle school students reported that teacher attitudes and practices contributed to their decreased sense of safety. Both groups commented on "yelling teachers," whose moods contributed to uneasiness in the classroom. Participants attributed student conflict, in part, to a lack of adequate discipline by teachers. Middle school students portrayed teachers who failed to properly deal with conflict, especially when a student was consistently being bullied or teased, as follows:

> *They didn't handle like how they were really supposed to. And at the end something happened that was really dangerous and it could have gotten worse.* (Middle School Student).

Elementary and middle school students alike stressed concern about the lack of supervision at school, and overwhelmingly reported feeling safer when they had more adult supervision. Elementary students wanted supervision for the purpose of being protected against intruders, while middle school students wanted adults to address conflict when it arose among students. Younger children (grades 3 and 4) reported that attentive teachers could help promote a feeling of safety among students. Fifth graders and middle school students acknowledged the role of policies and procedures in their feelings of safety. The student council at the fifth grade level was one way of dealing with problems within the school while enforcing rules to prevent further problems. Middle school students acknowledged that policies and procedures were a good idea, but were not convinced that they were serving their purpose. As one student stated, "Policies don't make me feel safe at all because just cause it's a policy doesn't mean people are gonna do it."

There was also consensus across the groups that parents contribute to their child's sense of safety when they visit them at school and follow up on any conflicts their child may be involved in. However, parents also contribute to a decreased sense of safety when they fail to discipline their own children or fail to encourage appropriate behavior in school.

Parent Responses

Parents of elementary, middle and high school students shared the perception that school is less safe now than when they were growing up. Specifically, parents of middle and high school students were concerned about drug and gang activity, weapons, and bullies. Parents of elementary and middle school students reported a fear of their children transitioning to the next level (i.e. from elementary to middle school or middle to high school).

Parents were concerned with safety issues within the schools, outside of the schools, or from unknown factors. Concerns about the location of schools also surfaced in these focus groups. Parents felt that dangers existed in the neighborhood, and that neighborhoods were less safe than schools. Neighborhood characteristics such as high drug/crime areas, racial tensions, and lack of supervision at the bus stop were perceived to create dangerous situations for students outside of school.

Many parents reported dissatisfaction over the dearth of information being provided to them regarding school problems. Parents consistently blamed other parents for problems affecting schools. Most often they attributed the problems to other parents' lack of supervision and discipline of their children, modeling of bad behavior, and allowing children access to weapons at home. One group of parents blamed the government for laws and regulations that "tie the parents' hands" and do not allow them to control their children "like they need to."

Teacher Responses

Teachers' concerns mirrored those of students, in that they felt relatively safe in their classrooms but feared intrusions from the outside. Teachers reported that disrespectful and sometimes hostile parents, the size of the school facility (too small), the location of the school and open campuses contributed to the vulnerability of problems. While policies and procedures are in place to assure safety, these teachers reported that the procedures themselves rendered feelings of unease. The constant drills to prepare children for threats seemed to be causing fearful reactions and would possibly desensitize them to dangerous events.

Teachers blamed parents for doing a poor job of modeling appropriate behavior for their children. There were stories of parents who were disrespectful to teachers in front of the students, not involved in the lives of their children, and provided insufficient supervision at home. Teachers reported that student behavioral problems were a result of parents' failure to reinforce rules and expectations taught at school.

Conclusion

The findings from these focus groups suggest that students, parents, and educators believe that while schools may be safe, a number of issues remain that compromise safety. Teasing and bullying were identified as two behaviors that make school unpleasant, if not horrific, for some students. The interschool transitions, especially from elementary to middle school, created feelings of dread for students and their families. To address these issues, both parents and teachers must take responsibility for student supervision and discipline, and schools need to do a better job in preparing students for transitions. A review of the procedures being implemented in schools to keep students safe needs to occur so that undo anxiety is not created among students and staff.

While statistics may show that school is one of the safest places for students to be (Vossekuil, et al., 2000; U.S. Department of Education, 2000), this perception, or sense of safety, has been compromised by a combination of real events and the repetitive reporting of them in the media. If students and teachers are uncomfortable in school, learning will be compromised. It is essential that schools and communities come together to discuss these issues, identify concerns, and develop interventions that will successfully address and overcome the belief that schools are unsafe places.

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Symposium Discussion

Kathleen H. Armstrong

The Safe Schools/Healthy Students Initiative was offered to school districts across the nation by the federal government, to create an array of prevention and intervention efforts to stem the tide of violence in our schools and among our youth. These efforts were to include community providers, specifically mental health and juvenile justice, in a proactive and collaborative manner, in order to expand and strengthen supports and services needed for healthy child development. While most of the evidence points to schools as being safer than homes and communities, the question remains as to how best to create a safe and healthy school. Each of the papers presented in this symposium help us to identify key areas that must be addressed if we are to achieve that goal.

Creating a positive school climate is essential as a foundation for a safe and healthy school. This means that school must be a positive place for both students and teachers. Students must have opportunities to learn both the academic and social competencies required for success in school. Teachers must be able to teach in an orderly classroom environment, free from distractions that often stem from disruptive behaviors and conflicts. Administrators must provide teachers with the support that they need to meet the needs of an ever-growing diversity of learners. And parents must support schools, by setting high expectations for their children's education and behavior.

To make this happen, it will be necessary to create an array of interventions in schools that are multifaceted and start early on in a child's development; this will promote social and academic competencies in all students. No program by itself is likely to be successful in these efforts; rather the combined efforts of schools, families and communities will be necessary. Strengthening families, especially young families just starting out, will be a key factor toward achieving the goal of safe and healthy schools. Providing high quality childcare and preschool programs is another factor that promotes healthy child development and success in school, even for children living under adverse circumstances. Teaching not only academic skills, but also social and problem solving skills equips children with the social and emotional competencies that are of critical importance to school success. Providing a classroom with clear and consistent rules, fair discipline, and high expectations for all children creates a positive and supportive classroom culture. Strong and effective leadership in schools creates security and promotes high quality education. In addition, the willingness of leaders in the community to collaborate and share resources promotes not only the health of schools but the community at large.

And, finally, we need to pay more attention to transitions, those times in human development when we move ahead to a new, and often-unfamiliar environment. Perhaps one of the most vulnerable times for students involves the transition from elementary school to middle school, which happens at the same time that children become young adolescents. At a time in life when it is most important to feel a sense of belonging, adolescents leave the more protected world of elementary school and move into the world of middle school, a more diverse, more competitive, and often less supportive place. Teasing and bullying reaches its peak in middle school, and for vulnerable students, this period may begin the decline of a successful school career. Coupled with physical development and school changes comes the increased risks from engaging in unprotected or early sex, drugs and alcohol. Eating issues, resulting in obesity or eating disorders such as anorexia and bulimia often emerge at this time. Television watching, computer surfing, or electronic game playing often fill up the young teen's unsupervised hours, and may increase isolation or feelings of despair.

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It is time that communities, schools, and families come together to create structures that promote healthy child development. For those children at-risk, schools may serve as the most influential protective factor available. In order to be effective in this very important role of providing children with the tools needed for success, communities and families must also support school efforts. And for children and families requiring additional support, there needs to be an array of interventions readily available in the community. Only when those critical pieces are in place will we reach the goal of creating safe and healthy schools.

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